

Public Health Nursing Services to Patients

Fourth in a series of reports resulting from a study of public health nursing functions, this monograph describes the public health nursing care received by individual patients within diagnostic categories. Previous papers have dealt with the study design, with the subsequent public health nursing service provided in households as a result of the referral of the initial patient from that household, and with the extent of public health nursing services given on a family basis.

Basic data were taken from individual patient records submitted by two nurses in each of five health departments and three combination agencies over a 2-year period. Public health nursing service in each of these agencies was on a generalized basis.

The data include all the public health nursing services given to individual patients and the types of situations and problems related to the recovery or the improvement of the patient which were encountered during the provision of that service. The focus of the study was on the individual and his nursing care rather than on the nurse and her activities.

The diagnostic category of the patient is the primary classification used for the entire analysis. The term "patient-nurse contact" is used to describe all the public health nursing services given to or in behalf of the patient regardless of the place or the method, such as home or telephone.

Within this framework, areas of public health nursing services where little information has been available previously are identified and documented. One such area is what activities constitute public health nursing service; another is under what circumstances and for what reasons service is provided. Data on how and

where nursing services were given supply evidence that the usual reporting of nursing services to and in behalf of patients overlooks many effective services which nurses provide through telephone calls and letters. The numerical data on the patients who had two or more diagnoses give clues to the location of "hidden patients" for some diagnostic categories.

Types of Service Provided

That the amount and kind of nursing service received by patients are directly related to the type of disease or condition present was borne

Public Health Monograph No. 59

Public Health Nursing Service to Patients. By *Marion Ferguson*. Public Health Monograph No. 59 (PHS Pub. No. 685), 52 pages. U.S. Government Printing Office, Washington, D.C., 1959, price 40 cents.

The accompanying summary covers the principal contents of Public Health Monograph No. 59, published concurrently with this issue of Public Health Reports. The author is with Public Health Nursing Services, Division of General Health Services, Public Health Service.

For readers wishing the data in full, copies are on sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Official agencies and others directly concerned may obtain single sample copies without charge from the Public Inquiries Branch, Office of Information, Public Health Service. Copies will be found also in the libraries of professional schools and the major universities and in selected public libraries.

out by the data. Patients with long-term illnesses required more time for each visit of the nurse, needed a greater number of visits, and were served over a longer period than patients with conditions that traditionally have been considered health department responsibility. The secondary problems, such as emotional, economic, and social difficulties, with which the nurse had to deal also varied with the diagnostic category of the patient.

Comparable amounts of nursing service were given to patients in the health supervision, acute communicable disease, and venereal disease categories. Patients in the orthopedic and mental health categories received twice as much service, and those with chronic diseases from three to five times as much.

Teaching about personal and emotional hygiene, normal growth and development, nutrition, the need for medical supervision, and the prevention and control of communicable diseases was the nurses' primary responsibility in the traditional health department programs devoted to health supervision, maternity, acute communicable disease, and venereal disease. Instruction appropriate to the patient's condition for patients in the other diagnostic categories, however, was accompanied by a considerable amount of actual nursing care. For instance, patients with chronic illness, noncommunicable diseases, tuberculosis, or orthopedic conditions required the administration of medications, a variety of other treatments, and, often, general care. In the traditional programs mentioned, nursing care was rarely given on a continuing basis.

Recognition of emotional problems, handling of minor ones, and referral of the more serious ones to sources of adequate care were a regular part of the nurse's job. The types and frequency of occurrence of these problems did not seem to be influenced greatly by the patient's diagnostic category except for patients in the mental health group. Behavior of the patient, family tensions because of the illness, parent-child relationships, and reactions to the physical condition or the medical care needed were problem sources common to all groups.

The same sort of economic problems were consistently encountered in service to patients

in all diagnostic categories. Income inadequate to cover normal necessities, the cost of medical and institutional care and of transportation to that care, and unemployment were reported frequently. While housekeeping assistance of some kind was needed by some patients in all categories, the need was particularly acute for the patients with chronic illness.

The greatest variation among the categories was shown in reports of the types of social problems encountered. With the chronic disease patients, education or language difficulty, community reaction to the patient's condition, and the lack of occupational and recreational facilities were real handicaps. The social problems of unmarried and of deserted mothers complicated the provision of adequate care for them. Eligibility of the patient for medical and institutional care and the existence or absence of such facilities were factors in the adequacy of treatment available to the tuberculosis patients.

Conclusions

In the long-established health department programs, the nurse's job is primarily teaching, with a minimum of nursing care given. The newer programs require, in addition to the teaching, the actual giving of nursing care frequently, consistently, and over a long period of time. This has real implications for agencies which are considering their role in the care of the sick and the extent to which they may offer services.

The study data indicate ranges of volume and types of public health nursing services but are not intended to be used as standards, since local needs determine agency policies and programs which, in turn, influence service. The methods of this study can be applied by any agency to obtain similar data which will reflect its own operating experience. Since the nurse participants in this study used as sources of data the regular health department records of the eight agencies where they were employed, it is reasonable to assume that the same kind of information is available or can be obtained in any agency where public health nursing services are provided.